

PTO/SB/17 (11-01)

Approved for use through 10/31/2002 OMB 0651-0032
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FEE TRANSMITTAL
for FY 2002

Patent fees are subject to annual revision

☐ Applicant claims small entity status See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 110.00**Complete if Known**

Application Number	09/628,929
Filing Date	July 28, 2001
First Named Inventor	Carnelli et al
Examiner Name	J Ford
Group Art Unit	3743
Attorney Docket No	9351-21 / HSF

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit AccountDeposit Account Number
Deposit Account Name

022095

Bereskin & Parr

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the approved/identified deposit account
FEE CALCULATION**1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$) 0.00**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

		Extra Claims		Fee from below	Fee Paid	
Total Claims	<input type="text"/>	- 20 ** =	<input type="text"/>	x	<input type="text"/>	0.00
Independent Claims	<input type="text"/>	- 3 ** =	<input type="text"/>	x	<input type="text"/>	0.00
Multiple Dependent	<input type="text"/>				<input type="text"/>	

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$) 0.00

**or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	150	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
138	130	138	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	110.00
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	820	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,980	228	880	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (unless number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	800	169	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 110.00**SUBMITTED BY**

Name (Print/Type) M Samuel Frost

Signature

Registration No
(Attorney/Agent)

31.696

Complete (if applicable)

Telephone (416) 364-7311

Date November 20, 2001

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3743

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GROUP 3700**TELEFAX TRANSMITTAL**

TO: J. Ford - Group Art Unit 3743

FIRM: United States Patent & Trademark Office

FAX NO.: (703) 305-3590

FROM: H. Samuel Frost

DATE: November 20, 2001

PAGES: 12
(Including cover sheet)

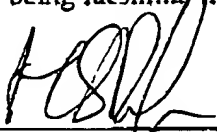
If transmission is interrupted or of poor quality, please notify us immediately by calling Eren Barnett at (416) 957-1600 ext. 6271.

Re: U.S. Patent No. 09/628,929**Our File: 9351-21 HSF**

Please find attached a response to the official action mailed September 20, 2001; Request for Extension (in duplicate) of Time under 37 CFR 1.136(a); Fee Transmittal; Transmittal Form.

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the attached filing receipt, transmittal sheet and acknowledgement receipt card are being facsimile transmitted to the U.S. Patent & Trademark Office on the date shown below.



H. Samuel Frost
Registration No. 31,696

Date: November 20, 2001

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PTO/SB/21 (08-00)

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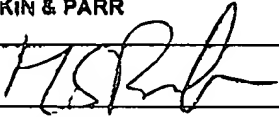
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/628,929	
	Filing Date	July 28, 2000	
	First Named Inventor	Cargnelli et al	
	Group Art Unit	3743	
	Examiner Name	J. Ford	
Total Number of Pages in This Submission	11	Attorney Docket Number	9351-21 HSF

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks 		<p style="text-align: right; font-size: 1.2em;">FAX RECEIVED NOV 21 2001 Group 3700</p> <p style="text-align: right; font-size: 1.2em;">FAX RECEIVED NOV 21 2001 GROUP 3700</p>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	BERESKIN & PARR
Signature	
Date	November 20, 2001

CERTIFICATE OF MAILING

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